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ABSTRACT

The District of Columbia Public Schools is planning a framework to create safe and secure school environments for learning, develop facilities that will support and enhance educational programs, and provide facilities that will meet the diverse needs of the local school community. This document is the blank survey instrument that is used to capture information to support these objectives. The survey is divided into three parts: questions involving general information about the school; the programs offered that have separate funding and/or being a "relocatable" unit; and the facility conditions. (GR)

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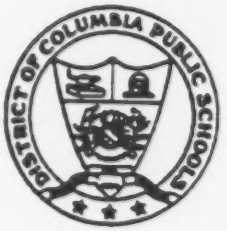
ED 428 517

EF 005 258

Please return by: April 4th

Task Force on Education Infrastructure for the 21st Century

Three-Part Facilities Survey of All Schools and Selected Administrative Units



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Facilities Survey

Overview

The District of Columbia Public Schools is developing a Facilities Master Plan that will provide the framework to: 1) create schools that are safe and secure environments for learning; 2) develop facilities that will support and enhance educational programs; and 3) provide facilities that will meet the diverse needs of the local school community. This survey is designed to capture information to support these objectives. The survey has three parts.

Part I: General Information (approximate completion time 30 minutes)
(To be completed and signed by the principal/building administrator for the main instructional program.)

Part II: Programs (defined as having separate funding and/or being a "relocatable" unit. Completion time approximately 10 minutes for each program.)
(To be completed and signed by individual program directors/managers for the programs listed in response to question #14 in Part I.)

A Part II: Programs form must be used for each program listed under question #14.

Part III: Facility Conditions (approximate completion time 45 minutes)
(To be completed by the building engineer/head custodian.)

Note: Please use the Supplementary Information form to answer any question which needs additional space.

It is requested that all three (3) parts of the survey be collected by the principal/building administrator and returned by **April 4, 1995** to:

Task Force on Education Infrastructure
c/o Division of Facilities Management, Penn Center
Route #3, Telephone: 576-8785 Fax: 576-8792

If you have questions or concerns, kindly bring them to the attention of Task Force Co-Managers K. Cumberbatch or Mary Filardo at 576-8785.

Comprehensive Facilities Survey

Part I:

General Information

(To be completed and signed by the principal/building administrator for the main instructional program.)

#1 Check (✔) if any of the following DCPS programs apply to your school.

Community School	Pre-Vocational Education	Vocational Education	Public/Private Partnership Academy	Adult Education	Community School
☐	☐	☐	☐	☐	☐

Other (Specify) _____

Other (Specify) _____

Other (Specify) _____

#2 Grade levels or equivalents served: *(Please check (✔) all that apply.)*

( ) Pre-school	( ) 2nd	( ) 6th	( ) 10th	( ) No students served
( ) Pre-K	( ) 3th	( ) 7th	( ) 11th	
( ) Kgn	( ) 4th	( ) 8th	( ) 12th	
( ) 1st	( ) 5th	( ) 9th	( ) Adult	

#3 Average class size: Elementary: _____

Secondary: _____

Special Education: _____

Pre-vocational/Vocational Education: _____

#4 Are there special admissions criteria to your school? ( ) Yes ( ) No

If yes, please explain: _____

_____

_____

#5 What is the total number of students attending your school from out-of-boundary this year? _____

Is this an increase, decrease or about the same as last year? (Circle one.)

increase decrease about the same

Is there a waiting list? ( ) Yes ( ) No

#6 Compairing enrollment to capacity:

Is the school big enough for all students who want to attend? ( ) Yes ( ) No

If no, how many additional students (estimated) would enroll if there were space? _____

Does the school have capacity for additional students? ( ) Yes ( ) No

If yes, how many additional students (estimated) does the school have capacity for? _____

#7 Does your school have multiple lunch periods? ( ) Yes ( ) No

If yes, how many? _____

#8 Have any rooms (e.g., locker room, hallway, bathroom, auditorium, storage, shops/laboratories, etc.) been converted to classroom use to accommodate increased enrollment?

( ) Yes ( ) No

#9 Have any rooms designed for general education classrooms been lost to other uses?

( ) Yes ( ) No

#10 Have any pre-vocational/vocational shops/laboratories been lost to other uses?

( ) Yes ( ) No

#11 If your answer to #8, #9 and/or #10 is "yes", which rooms or large spaces are used for purposes for which they were not originally intended?

For example:
Room/space: 126 Designed Use: General classroom Actual Use: Science Lab

Room/space: BLR Designed Use: Boy's locker room Actual Use: Math classroom

Room/space: _____ Designed Use: _____ Actual Use: _____

Room/space: _____ Designed Use: _____ Actual Use: _____

Room/space: _____ Designed Use: _____ Actual Use: _____

Room/space: _____ Designed Use: _____ Actual Use: _____

Room/space: _____ Designed Use: _____ Actual Use: _____

(Use Supplementary Information form at the end of Part I, if necessary.)

#12 Is the building used:

A. Before 8:00 a.m.? ( ) **Yes** ( ) **No**

If yes, indicate program type. (Check all that apply.)

( ) Educational
( ) Cultural
( ) Before School Program
( ) Pre-vocational/vocational
( ) Family Services
( ) Recreational
( ) Other (specify) _____

B. Between 3:30 p.m. and 6:00 p.m.? ( ) **Yes** ( ) **No**

If yes, indicate program type. (Check all that apply.)

( ) Educational
( ) Cultural
( ) After School Program
( ) Pre-vocational/vocational
( ) Family Services
( ) Recreational
( ) Adult/Community School
( ) Other (specify) _____

C. Between 6:00 p.m. and 10:00 p.m.? ( ) **Yes** ( ) **No**

If yes, indicate program type. (Check all that apply.)

( ) Educational
( ) Cultural
( ) Pre-vocational/vocational
( ) Family Services
( ) Recreational
( ) Adult/Community School
( ) Other (specify) _____

#13 Community Access

A. Is there community access to the building? ( ) Yes ( ) No

B. Is there a community room or space designated for community use? ( ) Yes ( ) No

If yes, which space(s)? _____

C. Is the community space handicapped accessible? ( ) Yes ( ) No

D. Is the community space accessible:

1. During school? ( ) Yes ( ) No

   If yes, days and hours of access: _____

2. After school? ( ) Yes ( ) No

   If yes, days and hours of access: _____

3. On weekends? ( ) Yes ( ) No

   If yes, days and hours of access: _____

4. During summer? ( ) Yes ( ) No

   If yes, days and hours of access _____

5. During school vacations/holidays? ( ) Yes ( ) No

   If yes, days and hours of access _____

E. Is there access to the entire building from the community space? ( ) Yes ( ) No
F. Is there access to the community space from outside the building? ( ) Yes ( ) No

#14 What programs are in the school/facility or on the school grounds?

Please check (✓) as appropriate. (The term "program" means having separate funding and/or is a "relocatable" unit. Include all programs occurring before, during, and after school hours such as pre-school programs, day care, recreation, private agencies, tutorial progams, etc.)

( ) **Before/After School Child Care Program(s)**
Does it use space dedicated only to its use? ( ) Yes ( ) No
Please name program(s). _____

( ) **DCPS - Administration**
Does it use space dedicated only to its use? ( ) Yes ( ) No
Please name program(s). _____

( ) **DCPS - Instruction**
Does it use space dedicated only to its use? ( ) Yes ( ) No
Please name program(s). _____

( ) **Community**
Does it use space dedicated only to its use? ( ) Yes ( ) No
Please name program(s). _____

( ) **D.C. Government**
Does it use space dedicated only to its use? ( ) Yes ( ) No
Please name program(s). _____

( ) **Vocational Education/Training**
Does it use space dedicated only to its use? ( ) Yes ( ) No
Please name program(s). _____

( ) **Adult Education/Community School**
Does it use space dedicated only to its use? ( ) Yes ( ) No
Please name program(s). _____

( ) **Other (check one):** ☐ DCPS ☐ Non-DCPS
Does it use space dedicated only to its use? ( ) Yes ( ) No
Please name program(s). _____

Important: Please ask the director of EACH program specified in question #14 to complete Part II of this survey. Make as many duplicate copies of Part II as necessary.

#15 Pre-kindergarten and kindergarten classrooms only.

Are bathrooms in the classrooms? ( ) Yes ( ) No

If not, where are the bathrooms relative to the classrooms? (e.g.: outside, down the hall, another floor)

_____

Are sinks in the classrooms? ( ) Yes ( ) No

If not, where are the sinks relative to the classrooms? (e.g.: outside, down the hall, another floor)

_____

#16 Indicate the ambiance, comfort, and/or usefulness of these spaces. *(Be sure to consider factors such as: heating, lighting, noise levels, ventilation, air conditioning, etc.)*

Circle the appropriate response for EACH item listed.

A. **Cafeteria** (circle one)

Not Applicable Poor Fair Adequate Good Excellent

If "poor" or "fair", please explain: _____

_____

B. **Auditorium** (circle one)

Not Applicable Poor Fair Adequate Good Excellent

If "poor" or "fair", please explain: _____

_____

C. **All Purpose Room** (circle one)

Not Applicable Poor Fair Adequate Good Excellent

If "poor" or "fair", please explain: _____

_____

D. **Parking** (circle one)

Not Applicable Poor Fair Adequate Good Excellent

If "poor" or "fair", please explain: _____

_____

Question #16 continued

E. **Student Bathrooms:** (circle one)

Not Applicable Poor Fair Adequate Good Excellent

If "poor" or "fair", please explain: _____

_____

F. **Adult Bathrooms:** (circle one)

Not Applicable Poor Fair Adequate Good Excellent

If "poor" or "fair", please explain: _____

_____

G. **Locker Rooms:** (circle one)

Not Applicable Poor Fair Adequate Good Excellent

If "poor" or "fair", please explain: _____

_____

H. **Main Office:** (circle one)

Not Applicable Poor Fair Adequate Good Excellent

If "poor" or "fair", please explain: _____

_____

I. **Nurse's Office:** (circle one)

Not Applicable Poor Fair Adequate Good Excellent

If "poor" or "fair", please explain: _____

_____

J. **School Exterior:** (circle one)

Not Applicable Poor Fair Adequate Good Excellent

If "poor" or "fair", please explain: _____

_____

K. **School Front Hall:** (circle one)

Not Applicable Poor Fair Adequate Good Excellent

If "poor" or "fair", please explain: _____

_____

L. **Classrooms:** (circle one)

Not Applicable Poor Fair Adequate Good Excellent

If "poor" or "fair", please explain: _____

_____

M. **Pre-vocational/Vocational Education Shops/Laboratories:** (circle one)

Not Applicable Poor Fair Adequate Good Excellent

If "poor" or "fair", please explain: _____

_____

N. **Teacher's Lounge:** (circle one)

Not Applicable Poor Fair Adequate Good Excellent

If "poor" or "fair", please explain: _____

_____

O. **Library:** (circle one)

Not Applicable Poor Fair Adequate Good Excellent

If "poor" or "fair", please explain: _____

_____

P. **Offices:** (circle one)

Not Applicable Poor Fair Adequate Good Excellent

If "poor" or "fair", please explain: _____

_____

Q. **Hallways:** (circle one)

Not Applicable Poor Fair Adequate Good Excellent

If "poor" or "fair", please explain: _____

_____

R. **Gymnasium:** (circle one)

Not Applicable Poor Fair Adequate Good Excellent

If "poor" or "fair", please explain: _____

_____

S. **Art Room:** (circle one)

Not Applicable Poor Fair Adequate Good Excellent

If "poor" or "fair", please explain: _____

_____

T. **Music Room:** (circle one)

Not Applicable Poor Fair Adequate Good Excellent

If "poor" or "fair", please explain: _____

_____

U. **Athletic Field:** (circle one)

Not Applicable Poor Fair Adequate Good Excellent

If "poor" or "fair", please explain: _____

_____

V. **Playground:** (circle one)

Not Applicable Poor Fair Adequate Good Excellent

If "poor" or "fair", please explain: _____

_____

W. **Other (specify):** _____ (circle one)

Not Applicable Poor Fair Adequate Good Excellent

If "poor" or "fair", please explain: _____

_____

(Use Supplementary Information form for additional responses, if needed)

#17 How well does your school /facility meet the functional requirements of the activities listed below? *Circle one answer for EACH activity listed.*

Activity	Very Well	Moderately Well	Somewhat Well	Not Well At All
Small group instruction	1	2	3	4
Large group (50 or more students) instruction	1	2	3	4
Technology-based instruction	1	2	3	4
Art instruction	1	2	3	4
Music instruction	1	2	3	4
Athletic activities	1	2	3	4
Storage of teacher materials	1	2	3	4
Storage of student materials	1	2	3	4
Parent support activities (e.g., toutoring, planning, making materials, etc.)	1	2	3	4
Social/health care services	1	2	3	4
Teachers planning	1	2	3	4
Private areas for student counseling and testing	1	2	3	4
Laboratory science	1	2	3	4
Library/media center	1	2	3	4
Day care	1	2	3	4
Before/after school care	1	2	3	4
Pre-vocational/Vocational Ed	1	2	3	4
Adult education instruction	1	2	3	4
Public/private partnership academy	1	2	3	4

#18 To your knowledge, have structural modifications (e.g., walls, plumbing, partitioning, electrical, etc.) been made to the building in the last 5 years?

Modification location: _____ Date completed: _____

Description: _____

Purpose: _____

Modification location: _____ Date completed: _____

Description: _____

Purpose: _____

(Use Supplementary Information form for additional responses, if needed)

#19 What characteristics are limiting optimal use of the facility?

Check (✓) those that apply.

( ) Sections in need of repair
( ) Parking
( ) Neighborhood safety

( ) Fire code violations
( ) Water damage
( ) Laboratories incomplete

( ) Staffing
( ) Supplies
( ) Insufficient enrollment

( ) Conflict on space assignment
( ) Building security
( ) Handicapped accessibility

( ) Climate control

( ) Overcrowding

( ) Wiring, electrical capacity
( ) Accessibility to public transportation
( ) Roofing repairs

( ) Asbestos present
( ) Elevators lacking
( ) Facilities missing (gym, nurse's suite, etc.)

( ) Program design
( ) Central administration policy
( ) Inappropriate assignment of space

( ) Program still under development
( ) Limited staff work space
( ) Condition of playground

( ) Other (list) _____

( ) Other (list) _____

Please explain on the Supplementary Information form any marked item in Question #19.

 # 20 What would be three (3) facility-related enhancements that would improve the quality of education at your school? *(List in priority order.)*

First: _____

Second: _____

Third: _____

#21 Does your school participate in organized inter-school athletic activities/ programs?

( ) Yes ( ) No

If no, is this because of facility problems? ( ) Yes ( ) No Please explain: _____

_____

If yes, type(s) of athletic activities/programs. Check (✓) all that apply.

( ) Basketball	( ) Soccer	( ) Other (specify):
( ) Football	( ) Swimming	( ) Other (specify):
( ) Baseball	( ) Track and Field	( ) Other (specify):

For each athletic activity checked above, does the team practice at own school or at another school/facility?

Sport: _____ ( )Own school ( ) Different school/facility

Is this sport for boys, girls, or both? ( ) Boys ( ) Girls ( ) Both Boys and Girls

If at a different school/facility, name of school/facility: _____

Reason for practicing at different school/facility: ( ) No equipment or facility at own school
( ) school equipment/facility in poor condition
( ) Other: _____

Sport: _____ ( ) Own school ( ) Different school/facility

If at a different school/facility, name of school/facility: _____

Is this sport for boys, girls, or both? ( ) Boys ( ) Girls ( ) Both Boys and Girls

Reason for practicing at different school/facility: ( ) No equipment or facility at own school
( ) school equipment/facility in poor condition
( ) Other: _____

Sport: _____ ( ) Own school ( ) Different school/facility

If at a different school/facility, name of school/facility: _____

Is this sport for boys, girls, or both? ( ) Boys ( ) Girls ( ) Both Boys and Girls

Reason for practicing at different school/facility: ( ) No equipment or facility at own school
( ) school equipment/facility in poor condition
( ) Other: _____

(Continued on next page.)

Sport: _____ ( ) Own school ( ) Different school/facility

Is this sport for boys, girls, or both? ( ) Boys ( ) Girls ( ) Both Boys and Girls

If at a different school/facility, name of school/facility: _____

Reason for practicing at different school/facility: ( ) No equipment or facility at own school
( ) school equipment/facility in poor condition
( ) Other: _____

Sport: _____ ( ) Own school ( ) Different school/facility

Is this sport for boys, girls, or both? ( ) Boys ( ) Girls ( ) Both Boys and Girls

If at a different school/facility, name of school/facility: _____

Reason for practicing at different school/facility: ( ) No equipment or facility at own school
( ) school equipment/facility in poor condition
( ) Other: _____

Sport: _____ ( ) Own school ( ) Different school/facility

Is this sport for boys, girls, or both? ( ) Boys ( ) Girls ( ) Both Boys and Girls

If at a different school/facility, name of school/facility: _____

Reason for practicing at different school/facility: ( ) No equipment or facility at own school
( ) school equipment/facility in poor condition
( ) Other: _____

Use Supplementary Information form for additional data, if needed.

Technology-Related Issues

#22 Does your school have a computer lab? ( ) Yes ( ) No

A. If no, why not? (Check (✔) all that apply.)

( ) Insufficient space for lab
( ) No classroom space with air conditioning
( ) Electrical system will not support equipment
( ) Insufficient funds for equipment
( ) Insufficient funds for staff
( ) No program developed to integrate technology into instructional program
( ) Insufficient staff development
( ) Inadequate technical support
( ) Other (specify): _____

Comments: _____

B. If your school has a computer lab, how many fully operational are: (Check (✓) all that apply.)
(A "fully operational" computer is one that is hooked up, with monitor, keyboard, disk drive and printer and ready to use.)

Less than 3 years old _____

Older than 3 years old _____

Older than 5 years old _____

Equipped with CD ROM _____

Equipped with internal modems _____

Integrated into a computer network _____

C. How many fully operational **printers** are in the lab? _____

D. Is the lab connected to any on-line services? ( ) Yes ( ) No

If yes, which ones?

( ) Internet

( ) America Online

( ) CompuServe

( ) Prodigy

( ) Other: _____

#23 Do you have fully operational computers in classrooms? ( ) Yes ( ) No

A. Do you have an *adequate* number of operational computers in classrooms? ( ) Yes ( ) No

B. If you have an *inadequate* number of operational computers in classrooms, indicate reasons why:

( ) Insufficient space

( ) No classroom space with air conditioning

( ) Electrical system will not support equipment

( ) Insufficient funds for equipment

( ) Insufficient funds for software

( ) No educational program to use technology in instructional program

( ) Insufficent staff development

( ) Inadequate technical support services

( ) Inadequate security to protect equipment

( ) Other (specify): _____

_____

Comments: _____

C. If your school has computers in the classrooms, how many and in which rooms?

Elementary:

_____ # of computers	in	_____ # of classrooms	Early Childhood (Pre-K and K)
_____ # of computers	in	_____ # of classrooms	Primary (1 - 3)
_____ # of computers	in	_____ # of classrooms	Intermediate (4 - 6)
_____ # of computers	in	_____ # of classrooms	ESL
_____ # of computers	in	_____ # of classrooms	Special Education

Secondary:

_____ # of computers	in	_____ # of classrooms	Science Classrooms or Science Labs
_____ # of computers	in	_____ # of classrooms	Mathematics Classrooms
_____ # of computers	in	_____ # of classrooms	English Classrooms
_____ # of computers	in	_____ # of classrooms	Social Studies Classrooms
_____ # of computers	in	_____ # of classrooms	Foreign Language Classrooms
_____ # of computers	in	_____ # of classrooms	ESL
_____ # of computers	in	_____ # of classrooms	Special Education
_____ # of computers	in	_____ # of shops/labs	Pre/vocational/Vocational Education

#24 Do you have fully operational computers in the library? ( ) Yes ( ) No

A. If yes, how many? _____

B. If no, indicate reasons why:

( ) Insufficient space
( ) No air conditioning
( ) Electrical system will not support equipment
( ) Insufficient funds for equipment
( ) Insufficient funds for software
( ) Insufficient funds for staff
( ) No program developed to integrate technology into library operations
( ) Insufficent staff development
( ) Inadequate technical support
( ) Inadequate security to protect equipment
( ) Other (specify): _____

Comments: _____

_____

C. Is the library connected to any on-line services? ( ) Yes ( ) No

If yes, which ones?
( ) Internet
( ) America Online
( ) CompuServe
( ) Prodigy
( ) Library On-Line Link to D. C. Public Libraries
( ) Other: _____

In no, why not?
( ) No available phone lines for on-line use
( ) No internal modem for library computer
( ) Insufficient funds for subscription costs
( ) Library computer has insufficient memory/speed
( ) Libranan unfamiliar with communications technology
( ) Other: _____

#25 Please check (✓) the technology programs which are operating at your school:

( ) TEAMS

( ) Galaxy

( ) Xpress Xchange

( ) Black College Network

( ) WASNET (Washington Area Service Network)

( ) Other(s) specify: _____

_____

#26 Please indicate HOW MANY of the following multi-media items are fully operational at your school:

VCRs _____

Laserdisks _____

CD ROMs _____

Televisions _____

( ) Other(s) specify: _____

#27 Please indicate HOW MANY fully operational computers you have for administrative use:

_____

Of this number, HOW MANY are:

_____ Are less than 3 years old

_____ Are older than 3 years old

_____ Are older than 5 years old

_____ Are equipped with CD ROM

_____ Are equipped with internal modems

_____ Are integrated into a school-wide computer network

_____ Are hooked up to the central office data system

Is your office technology adequate? ( ) Yes ( ) No

If no, why not? ( ) Equipment too old

( ) Technical support is inadequate

( ) Breaks down too often

( ) Other (specify): 20

END OF PART I

Thank You!

If we have additional questions regarding Part I responses, whom should we contact?

Name: _____ Telephone: _____
(Please Print)

Signature of Principal/Administrator: _____ Date: _____

Part II:

Programs

(To be completed and signed by the individual program directors/managers for the programs listed in response to question #15, Part I.)

Part II: Programs

Please print or type clearly.

#P1: Name of program: _____

#P2: Sponsoring organization: _____

#P3: Director: _____ **Telephone no.** _____

#P4: Which days/hours of the week does the program use the facility?
Check (✔) all that apply.

( ) Monday	Hours of usage: _____
( ) Tuesday	Hours of usage: _____
( ) Wednesday	Hours of usage: _____
( ) Thursday	Hours of usage: _____
( ) Friday	Hours of usage: _____
( ) Saturday	Hours of usage: _____

#P5 How many hours each week (average) does the program use this facility?

_____

#P6: Briefly describe the program. (Attach a brochure or description, if you have one.)

_____

_____

_____

#P7: What is the program enrollment? _____

#P8: Grade levels or equivalents served - please check (✔).

( ) Pre-school	( ) 2nd	( ) 6th	( ) 10th	( ) No students
( ) Pre-K	( ) 3th	( ) 7th	( ) 11th	
( ) Kgn	( ) 4th	( ) 8th	( ) 12th	
( ) 1st	( ) 5th	( ) 9th	( ) Adult	

#P9: What are the criteria for admission to the program? _____

_____

#P10: What room(s) are used for the program, and how are they used?

Room # or location: _____ Your use: _____

Type of room (classroom, etc.) _____ Size: _____ feet x _____ feet

Room # or location: _____ Your use: _____

Type of room (classroom, etc.) _____ Size: _____ feet x _____ feet

Room # or location: _____ Your use: _____

Type of room (classroom, etc.) _____ Size: _____ feet x _____ feet

Room # or location: _____ Your use: _____

Type of room (classroom, etc.) _____ Size: _____ feet x _____ feet

#P11: Describe the ambiance, comfort, usefulness of the space for your program. (Circle the one which best characterizes the space.)

Poor Fair Adequate Good Excellent

If marked "fair" or "poor", please explain your answer: _____

_____

#P12: How do you access your space?

( ) From inside the building
( ) From outside the building

#P13: Can you access your space when school is closed?

In the evenings?	( )	Yes	( )	No
On weekends?	( )	Yes	( )	No
On holidays?	( )	Yes	( )	No
During vacations?	( )	Yes	( )	No

#P14: How does admissions to the program compare to capacity?

( ) Does the program have enough space for all who want to attend? ( ) Yes ( ) No

If no, estimate how many additional people would participate if there were space: _____

( ) Does the program have capacity for additional persons? ( ) Yes ( ) No

If yes, how many additional persons does your program have space for? _____

#P15: What other suggestions do you have for improving the usefulness of the space for your program?

_____

_____

_____

END OF PART II

Thank You!

Name: _____ **Telephone:** _____
(Please Print)

Fax: _____

Signature: _____ **Date:** _____
(Program Director/Manager)

Supplementary Information

Please use this page, as needed, to provide additional information on questions in Part I.

School name: _____

Question #: _____

Additional information: _____

Question #: _____

Additional information: _____

Question #: _____

Additional information: _____

Question #: _____

Additional information: _____

Question #: _____

Additional information: _____

Supplementary Information

Please use this page, as needed, to provide additional information on questions in Part I.

School name: _____

Question #: _____

Additional information: _____

Question #: _____

Additional information: _____

Question #: _____

Additional information: _____

Question #: _____

Additional information: _____

Question #: _____

Additional information: _____

Part III:

Facility Conditions

(To be completed and signed by the building engineer/head custodian.)

Part III: Facility Conditions

(To be completed by the building engineer/head custodian.)

School:

#F1 Handicapped Accessibility

A. Is your building accessible to the physically handicapped?

( ) Completely ( ) Partially ( ) Not at all

If only partially accessible, to what floor? Check (✓) all that apply.

( ) Basement ( ) Third floor

( ) First floor ( ) Fourth floor

( ) Second floor

B. Are the following areas accessible? (Check (✓) all that apply.)

( ) Toilet Rooms ( ) Computer Lab

( ) Main Office ( ) Library/Media Center

( ) Auditorium ( ) Gymnasium

( ) Cafeteria/Lunchroom

#F2 Does your building have an elevator? ( ) Yes ( ) No If yes, indicate type:

( ) Passenger ( ) Freight ( ) Both Passenger and Freight

#F3 Have any rooms/areas been closed due to damage and/or health, or safety considerations? ( ) Yes ( ) No

If yes, what area(s):

Area: _____ Reason closed: _____

_____

Area: _____ Reason closed: _____

_____

Area: _____ Reason closed: _____

_____

#F4 Does your building have air conditioning in classrooms, administrative offices, and/or other areas? Check (✔) all that apply.

	Window	Central
( )Yes, in classrooms (number of classrooms: _____)	( )	( )
( )Yes, in administrative offices	( )	( )
( )Yes, in other areas (specify): _____	( )	( )
( ) No, no air conditioning in this building at all		

#F5 What is the mechanical operating condition of the air conditioning in classrooms administrative offices, and/or other areas? Circle one for each category listed.

Air conditioning in:	Good	Fair	Poor
Classrooms	G	F	P
Administrative offices	G	F	P
Other areas	G	F	P

Facility Components

#F6 Please review each facility component, and while keeping in mind the evaluative criteria for that component, provide the appropriate response.

A. Component: **Roof(s)**

Evaluative criteria for roof(s) components.

Roof
- Good - No leaks
- Fair - Minor leaks
- Poor - Major leaks, blisters, etc.

Flashing
- Good - Material intact, no leaks
- Fair - Minor damage
- Poor - Missing, bent and/or torn sections, leaks

Drains
- Good - Clear, no ponding
- Fair - Open, with ponding
- Poor - Clogged

Parapets (the wall above the roof line)
- Good - No cracks/bulging/no pointing required, coping in place
- Fair - No bulging, minor pointing required
- Poor - Bulging, loose coping, leans in or out 3 inches

Questions regarding roof(s). Remember to consider evaluative criteria for roof when rating good, fair or poor.

Number of roofs: _____

Roof #1; **Specify Location** (e.g., above auditorium, main building, upper roof on main building, portable, etc.)

Location: _____

Original: ( ) Yes ( ) No

Last installation year (if known): _____

Type: _____ Square footage (if known): _____

Condition: Check (✓) one in each category.

A.	Roofing	( ) Good	( ) Fair	( ) Poor
B.	Flashing	( ) Good	( ) Fair	( ) Poor
C.	Drains	( ) Good	( ) Fair	( ) Poor
D.	Parapets	( ) Good	( ) Fair	( ) Poor

Comments, if any: _____

_____

Roof #2 (if applicable): **Specify Location** (e.g., above auditorium, main building, upper roof on main building, portable, etc.)

Location: _____

Original: ( ) Yes ( ) No

Last installation year (if known): _____

Type: _____ Square footage (if known): _____

Condition: Check (✓) one in each category.

A.	Roofing	( ) Good	( ) Fair	( ) Poor
B.	Flashing	( ) Good	( ) Fair	( ) Poor
C.	Drains	( ) Good	( ) Fair	( ) Poor
D.	Parapets	( ) Good	( ) Fair	( ) Poor

Comments, if any: _____

_____

Roofs (continued on following page)

Roof #3; (If applicable): **Specify Location** (e.g., above auditorium, main building, upper roof on main building, portable, etc.)

Location: _____

Original: ( ) Yes ( ) No

Last installation year (if known): _____

Type: _____ Square footage (if known): _____

Condition: Check (✓) one in each category.

A.	Roofing	( ) Good	( ) Fair	( ) Poor
B.	Flashing	( ) Good	( ) Fair	( ) Poor
C.	Drains	( ) Good	( ) Fair	( ) Poor
D.	Parapets	( ) Good	( ) Fair	( ) Poor

Comments, if any: _____

_____

B. Component: Windows

Evaluative criteria for windows.

Good - No leaks, operable, no rot on wood windows
Fair - Painting required, need minor repairs
Poor - Rot, leaks, not operable

Questions regarding windows. Use evaluative criteria when rating good, fair or poor.

Original: ( ) Yes ( ) No

Last installation (if known) year: _____

Number of windows per classroom (average): _____

Type: *Check (✓) all that apply.*

( ) Wood
( ) Double Hung
( ) Casement
( ) Fixed
( ) Metal
( ) Hopper
( ) Astral (round)

Last painted (if known) year: _____

General condition of windows: *Check (✓) one.*

( ) Good ( ) Fair ( ) Poor

Comments, if any: _____

_____

C. Component: **Boiler(s)**

Evaluative criteria for boiler components.

Burner
- Good - Operable, no adjustment required
- Fair - Operable, adjustment required
- Poor - Major repairs needed

Grate
- Good - Operable, none broken
- Fair - Operable, minor breakage
- Poor - Not operable, breakage

Setting
- Good - No cracks, stays in place
- Fair - Minor cracks, rusted stays
- Poor - Cracked, broken stays

Breaching
- Good - No leakage, no breaks in covering, no sagging
- Fair - No leakage, minor breaks in coverage
- Poor - Leaks, sagging, major breaks in covering

Tubes
- Good - None leaking
- Fair - Less than 10% leaking
- Poor - More than 10% leaking

Vacuum Pump
- Good - Operative, no leaks, good vacuum
- Fair - Operating, minor leaks, low vacuum
- Poor - Not operating, major leaks

Oil Pump Sets
- Good - Operative, no leaks, sufficient pressure
- Fair - Operating, minor leaks, low adequate pressure
- Poor - Not operating, major leaks, insufficient pressure

Heaters
- Good - Operating, maintain temperature
- Fair - Operative, low but adequate
- Poor - Not operable, insufficient temperature

Questions regarding boilers.

Number of boilers: _____ Type (e.g., steam, hot water): _____

Original installation: _____ Last replacement (year): _____

Fuel: ( ) Oil ( ) Coal ( ) Gas ( ) Other

Condition of boilers: *Check (✔) one.* Remember to use evaluative criteria.

A. Burners	( ) Good	( )Fair	( ) Poor	( ) Not applicable
B. Grates	( ) Good	( )Fair	( ) Poor	( ) Not applicable
C. Setting	( ) Good	( )Fair	( ) Poor	( ) Not applicable
D. Breeching	( ) Good	( )Fair	( ) Poor	( ) Not applicable
E. Tubes	( ) Good	( )Fair	( ) Poor	( ) Not applicable
F. Feed/Vacuum Pumps	( ) Good	( )Fair	( ) Poor	( ) Not applicable
G. Oil Pump/Heaters	( ) Good	( )Fair	( ) Poor	( ) Not applicable

Condensate System: Age (year built): _____

Number of pumps: 1 2 3 4 Tank size: _____

Tank type: ( ) Cast iron ( ) Galvan steel ( ) Other (specify): _____

Building traps (circle one): Good Fair Poor

Comments, if any: _____

_____

D. Component: Electrical System

Evaluative criteria for electrical system.

Adequate - Sufficient power and lighting, minor tripping of breakers/blown fuses

Inadequate - Insufficient power or lighting, major breaker tripping or fuses blown, overheating of panel

Questions regarding electrical system.

Lighting:

Classrooms:

Check (✔) one. ( ) Flourescent ( ) Incandescent

Number of classrooms with incandescent: _____

Number of fixtures per classroom (average): _____

Corridors:

Check (✔) one. ( ) Flourescent ( ) Incandescent

Number of fixtures per corridor (average): _____

Electrical distribution system: ( ) Adequate ( ) Inadequate

a. Is electrical power adequate on every floor to support office machines and/or classroom technology?

( ) Yes ( ) No

b. Is electrical power adequate in the main office to support office equipment? (e.g., copy machine, fax machine, computers, etc.)

( ) Yes ( ) No

c. Is the power adequate in the library to support multi-media technology equipment?

( ) Yes ( ) No

d. Is the power adequate in the computer lab(s), if any, to support the equipment?

( ) Yes ( ) No ( ) Not Applicable

e. Main sevice (Check (✔) one.)

( ) 400 amps ( ) 800 amps ( ) 1000 amps ( ) 1200 amps ( ) 2000 amps

f. Distribution panels: ( ) circuit breakers ( ) fuses

g. Emergency generator: ( ) Yes ( ) No

Type: ( ) Gas ( ) Oil

Size: ( ) 20-30 kw ( ) 40-60 kw ( ) 70-100 kw

Comments regarding electrical system, if any: _____

_____

E. Component: Heating System

Evaluative criteria for heating system.

Piping
- Good - No leaks
- Fair - Minor leaks
- Poor - Many minor or major leaks

Traps
- Good - Return below 160 degrees
- Fair - Return between 160 degrees, minor leaking
- Poor - Returns above 180 degrees, many passing steam

Pumps
- Good - No leaks, more than adequate pressure
- Fair - Minor leaks, adequate pressure
- Poor - Inadequate pressure, leaking

Fans
- Good - Sufficient supply or exhaust
- Fair - Operational, adequate supply or exhaust
- Poor - Inadequate, not operational

Univents
- Good - Sufficient supply or exhaust, dampers operational
- Fair - Adequate
- Poor - Inadequate supply, inoperable dampers

Questions regarding heating system.

Type: ( ) gravity ( ) vacuum ( ) hot water ( ) forced air

Condition of heating system: *Check (✓) one.* Remember to use evaluative criteria.

A. Piping	( ) Good	( )Fair	( ) Poor
B. Traps	( ) Good	( )Fair	( ) Poor
C. Pumps	( ) Good	( )Fair	( ) Poor
D. Fans	( ) Good	( )Fair	( ) Poor
E. Univents	( ) Good	( )Fair	( ) Poor
F. Radiator Valves	( ) Good	( )Fair	( ) Poor

Comments regarding heating system, if any: _____

_____

F. Component: Plumbing Systems

Evaluative criteria for plumbing systems.

Piping
- Good - No leaks
- Fair - A few minor leaks
- Poor - Many major and minor leaks

Student or Staff Toilets
- Good - All operational
- Fair - Operational, need minor repairs or adjustments
- Poor - Out of service

Kitchen/Utility
- Good - Operational, no leaks
- Fair - Operational, minor leaks
- Poor - Not operational, major leaks

Questions regarding plumbing system.

Type: ( ) original ( ) upgraded (year): _____

Condition: *Check (✓) one.* Remember to use evaluative criteria.

A. Piping	( ) Good	( ) Fair	( ) Poor		
B. Student toilets	( ) Good	( ) Fair	( ) Poor	# of boys: _____	# of girls: _____
C. Staff toilets	( ) Good	( ) Fair	( ) Poor	# of men: _____	# of women: _____
D. Kitchen/utility	( ) Good	( ) Fair	( ) Poor		

Comments, if any: _____

_____

G. Component: Paint/Plaster

Evaluative criteria for paint/plaster

Paint

Good - No peeling/blistering
Fair - Minor peeling/blistering, less than 10% of painted areas
Poor - Peeling/blistering over 10% of painted area(s)

Plaster

Good - no cracks and solid
Fair - minor cracks, minor spalling/powdering
Poor - major cracks, spalling/powdering, loose sections

Questions regarding paint/plaster.

Last complete interior painting (year): _____

Condition of paint/plaster: *Check (✓) one.* Remember to use evaluative criteria.

A. Interior Paint	( ) Good	( ) Fair	( ) Poor
B. Exterior Paint	( ) Good	( ) Fair	( ) Poor
C. Plaster	( ) Good	( ) Fair	( ) Poor

Comments regarding paint/plaster, if any: _____

_____

H. Component: Flooring

Evaluative criteria for flooring.

Wood

Good - Level with no deterioration
Fair - Minor wearing or lifting
Poor - Buckling, uneven

Floor Tile

Good - None missing
Fair - Lightly worn, minor tile replacement required
Poor - Worn, loose, missing tiles

Sheet Flooring

Good - Not worn, tight seams
Fair - Lightly worn, seams beginning to spread
Poor - Worn, open seams

Carpeting

Good - Not worn, tight
Fair - Lightly worn, loose, minor stretching reqired
Poor - Worn, torn, needs stretching or replacement

Condition of flooring: *Check (✓) one.* Remember to use evaluative criteria.

A. Wood ( ) Good ( )Fair ( ) Poor ( ) Not applicable

General location of wood flooring:(e.g., classrooms, hallways, offices, stairwells, etc.):

_____

B. Floor tile ( ) Good ( )Fair ( ) Poor ( ) Not applicable

General location of floor tile: (e.g., classrooms, hallways, offices, stairwells, etc.):

_____

C. Sheet flooring ( ) Good ( )Fair ( ) Poor ( ) Not applicable

General location of sheet flooring: (e.g., classrooms, hallways, offices, stairwells, etc.):

_____

D. Carpeting ( ) Good ( )Fair ( ) Poor ( ) Not applicable

General location of carpeting: (e.g., classrooms, hallways, offices, stairwells, etc.):

_____

Comments, if any: _____

_____

I. Component: Chalkboards

Evaluative criteria for chalkboards.

Good - Not worn or cracked, clear writing surface
Fair - Lightly worn, minor cracks
Poor - Major cracks, worn, improper writing surface

Condition of chalkboards: *Check (✓) one.* Remember to use evaluative criteria.

Chalkboards ( ) Good ( )Fair ( ) Poor

Comments, if any: _____

J. Component: Paved Areas

Evaluative criteria for paved areas.

Concrete *("Spalling" refers to a finished surface that is loose and/or crumbling)*

Good - No spalling or cracks
Fair - Minor spalling, minor cracks
Poor - Major spalling, major cracks, lifting, uneven surface

Blacktop

Good - Smooth, no cracks
Fair - Minor ponding, minor cracks
Poor - Flooding, cracks, lifting, sinking

Square feet concrete (estimated): _____

Condition of concrete ( ) Good ( ) Fair ( ) Poor

Square feet blacktop (estimated): _____

Condition of blacktop: ( ) Good ( ) Fair ( ) Poor

On-site parking: ( ) Yes ( ) No

Approximately how many vehicles can park: _____

Parking is (circle one): Adequate Inadequate

Condition of parking areas (circle one): Good Fair Poor

Comments, if any: _____

_____

K. Component: **Fencing**

Evaluative criteria for fencing.

Good - No holes, operable gates
Fair - Minor damage, minor repairs or painting necessary
Poor - Broken sections, holes, inoperative gates

Type of fencing: ( ) Wrought iron
( ) Chain link

Condition of fencing: *Check (✓) one.* Remember to use evaluative criteria.

Fencing: ( ) Good ( )Fair ( ) Poor

Comments, if any: _____

_____

L. Component: **Exterior Masonry**

Evaluative criteria for exterior masonry.

Good - No spalling, cracks or buldging (Spalling refers to surfaces that are cracked/crumbling)
Fair - Minor spalling, minor cracks
Poor - Spalling, cracks, water penetration, buldging

Condition of exterior masonry. *Check (✓) one.* Remember to use evaluative criteria.

Exterior masonry: ( ) Good ( )Fair ( ) Poor

Comments, if any: _____

_____

M. Component: Athletic Facilities

Evaluative criteria:

Bleachers

Good - No damage
Fair - Minor damage, but most seats usable
Poor - Seats splintered or broken, warped and/or buckled, unsafe, unusable

Surface

Good - No damage, level, drainage clear
Fair - Minor (small) areas damaged, missing sod or turf in small areas
Poor - Puddling (drainage problem), uneven (not level), large areas damaged

Track

Good - No damage, level, drainage clear
Fair - Minor (small) areas damaged, lines fading
Poor - Uneven surface, bubbling or pitted, puddling, lines very faded or missing

Field House

Good - Good, no damage
Fair - Minor damage to structure, repairable
Poor - Structure usable, major leaks, security problems, damaged walls or ceiling

Questions regarding Athletic Facilities

Does your school/facility have bleachers? ( ) Yes ( ) No

If yes, type of bleachers: ( ) Wooden seats ( ) Metal seats ( ) Other (specify) _____

Condition of bleachers: ( ) Good ( ) Fair ( ) Poor

Does your school/facility have a track? ( ) Yes ( ) No

If yes, type of surface: ( ) Astroturf ( ) Sod ( ) Dirt ( ) Rubber ( ) Other (specify) _____

Condition of surface: ( ) Good ( ) Fair ( ) Poor

Do you have a field house? ( ) Yes ( ) No

If yes, condition of field house: ( ) Good ( ) Fair ( ) Poor

N. Component: Playground

Evaluative criteria:

Playground surfaces

Good - No damage
Fair - Minor damage, no tripping hazzards
Poor - Safety concerns, uneven surface, sinkholes, major cracks, drainage problems

Equipment

Good - No damage, in use
Fair - Damaged, but repairable
Poor - Unusable or dangerous

Safety Matting

Good - No damage and properly covers area under equipment
Fair - Minor pieces missing
Poor - Drainage problems, dried and cracked, large pieces missing, not properly covering large areas under equipment

Questions regarding playground:

Is there more than one playground? ( ) Yes ( ) No

If yes: Playground #1: ( ) Concrete ( ) Blacktop ( ) Dirt ( ) Other (specify): _____

Playground #2: ( ) Concrete ( ) Blacktop ( ) Dirt ( ) Other (specify): _____

Does your school have playground equipment? ( ) Yes ( ) No

If yes, condition of equipment: ( ) Good ( ) Fair ( ) Poor

Does your playground equipment have safety matting? ( ) Yes ( ) No

If yes, condition of matting: ( ) Good ( ) Fair ( ) Poor

O. Component: Gymnasium

How many gymnasiums does your school/facility have? *Circle one.*

0 1 2

Evaluative criteria for gymnasiums

Lighting

Good - Good lighting, all lights in good working order
Fair - Some ligths need replacing, lighting acceptable
Poor - Dim lighting, safety concerns, most lights need replacing

Flooring

Good - No damage, lines clearly visible, even surface
Fair - Minor damage, repairbale, no tripping hazzards, lines visible
Poor - Buckling, warping, top coat missing, generally uneven, slippery

Bleachers

Good - No damage, retractable
Fair - Minor damage, but most seats usable, retracting mechanism works, but needs repair
Poor - Seats splintered or broken, warped and/or buckled, unsafe, unusable, retracting mechanism does not work and needs replacing

Questions regarding the gymnasium

In your opinion, the lighting is: (Circle one)

Good Fair Poor

In your opinion, the flooring is: (Circle one)

Good Fair Poor

In your opinion, the bleachers is: (Circle one)

Good Fair Poor

Does the primary (main) gymnasium have a divider or partition? ( ) Yes ( ) No

If yes, does the divider open and close properly? ( ) Yes ( ) No

P. Component: Trash Storage and Removal

Does your school/facility have sufficient trash storage? ( ) Yes ( ) No

Do you have outdoor containers for trash storage? ( ) Yes ( ) No If yes, number: _____

Whether or not your facility has containers, does the portion of the yard where containers are, or would be placed, provide access from the street through a curbcut or fence?

( ) Yes ( ) No

Does your school/facility have a recycling program? ( ) Yes ( ) No

Do you have enough storage space for recyclables? ( ) Yes ( ) No

Q. Component: Drinking Fountains

Total number of drinking fountains: _____

Number currently functioning: _____

Number needing repair (or repairable): _____

Number needing replacement: _____

R. Component: Kitchen(s)

Kitchen type: ( ) Full cooling ( ) Partial ( ) Warming pantry ( ) None

Kitchen condition: ( ) Adequate ( ) Inadequate

S. Component: **Outdoor Security Lights**

Does your school/facility have outdoor lighting? ( ) Yes ( ) No

Is outdoor lighting adequate? ( ) Yes ( ) No

▲▲▲▲▲▲▲▲▲▲

END OF PART III

Thank You!

If we have additional questions regarding Part I responses, whom should we contact?

Name: _____ Telephone: _____
(Please Print)

Signature of Custodian/Engineerr: _____ Date: _____